

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

G Laurie Miller et al.

Art Unit: 2829

Serial No.: 10/633,276

Examiner: Unknown

Filed

: July 31, 2003

Title

: EDDY CURRENT SYSTEM FOR IN-SITU PROFILE MEASUREMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

## INFORMATION DISCLOSURE STATEMENT

Applicant submits the references listed on the attached form PTO-1449.

This statement is being filed within three months of the filing date of the application or before the receipt of a first Office action on the merits. Please apply any charges or credits to Deposit Account No. 06-1050.

Respectfully submitted,

01/07/04 Date:

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## CERTIFICATE OF MAILING BY FIRST CLASS MAIL

I hereby certify under 37 CFR §1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Sheet	1	of	1	

101	Süpstitute Form PTO-1449 (Modified)	U.S. Department of Commerce Patent and Trademark Office	Attorney's Docket No. 05542-528001	Application No. 10/633,276	
JAN 0	Informati n Discl sure Statement by Applicant		Applicant G Laurie Miller et al.		
Ety.	(Use several sheet)	ets if necessary)	Filing Date July 31, 2003	Group Art Unit	

	U.S. Patent Documents						
Examiner Initial	Desig. ID	Document Number	Publication Date	Patentee	Class	Subclass	Filing Date If Appropriate
-	AA	2002/0077031 A1	06/20/2002	Johansson et al.			
	AB						
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	Foreig	n Patent Doc	uments or P	ublished Foreign	Patent A	Application	ns	
Examiner	Desig.	Document	Publication	Country or			Trans	lation
Initial	ID	Number	Date	Patent Office	Class	Subclass	Yes	No
	AL							
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	AN							
	AO							
	AP							

	Other Documents (include Author, Title, Date, and Place of Publication)				
Examiner Initial	Desig. ID	Document			
	AQ				
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	AS				
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EXAMINER: Initials citation considered. Draw line through citation if no	ot in conformance and not considered. Include conv of this form with
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